U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

PEAD THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT			
E READ THE INSTRUCTIONS CAREFOR	LI BEFORE PREPARING THIS REPORT			
1 File Number U 031 - 80]	2. Fiscal Year Covered From			
9115	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name Robert Barrett :	Name OPC M Local Chino # 518			
~~ ~~	Labor Organization File Number 031-807			
PO Box Bldg Room No If any 4	PO Box Building and Room Number if any 301			
Street Choper Dr	Street 301 S MANN			
City Lake Tapaningo	City Independence			
State MISSOUTI ZIP Code +4 64015	State Wisson ZIP Code + 4 64050			
5 Position in labor organization Business Ro				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seaking to represent.				
6 Name and address of Employer (including trade name if алу)	7 a Nature of Interest Transaction or Income			
Name [
Trade Name if any				
_PO Box Bldg Room No -if any	7 h American			
Check	7 b Amount.			
Street				
City]			
	1			
City	iature			
State ZIP Code + 4 3 3 Sign Signature and verification The undersigned declares under penalty of	Perjury and other applicable penalties of the law that all of the information ying documents) has been examined by the signatory and is to the best of the			

Name of Person Filing Kobert Barrett		File Number U O	31 25 807	
B Held an interest in or derived income or aconomic benefit with monetary val substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business wely seeking to represent or irectly to or otherwise	3		
8 Name and address of Business (including trade name if any) Name OPCM Transmy Fund Trade Name if any MA (1) (1) PO Box Bldg Room No if any MA (1) Street 105 W (2 Avc (3) City North Kansons City State Wissour' ZIP Code +4 GYI (17)	9 Business deals with a Labor Organizat b Trust c. Employer	tion		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ng		
Name SAME Trade Name If any PO Box Bldg Room No If any	Trany Fond	Trostec	1 + 4 1	3
Street	11 b Approximate dollar valu	ie of such dealing	- B	
City			d	
Vity	12 a Nature of interest held	a or income receive		
State ZIP Code + 4	Grft (Arel 6	- ~		
	Grft Carel 6	- ~	∴	
	Grft (Arel 6 12 b Amount. r parts A and B above)	- ~	.	
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant	Grft (Arel 6 12 b Amount. r parts A and 8 above) or other thing of value 14 a Nature of payment	D. Christu	∴	
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